

AGE FRIENDLY SERVICES SURVEY - Summer 2020

Your age _____ Your zip code _____

I know how to get these services if I need them, such as: (Check your answers below)

SERVICES	YES	NO	TELL ME MORE
Groceries or meal delivery			
Housekeeping			
Managing my medicine			
Managing my bills			
Rent or mortgage assistance			
Home repair, yard work			
Medicare/healthcare			
Veterans services			
Transportation, carpool, ride-share			
Recreation activities			
Social activities			
Religious activities			
A person to visit with me on phone or in-person			
Connecting to people who are important to me			
Low cost internet, cellphone			

I think my community is a good place to live as I grow older **YES NO**

OPTIONAL – IF YOU WANT US TO CONTACT YOU:

NAME _____

PHONE _____

EMAIL _____